

**City of Rocky Mount
Energy Resources Department
Rocky Mount, North Carolina**

**Certificate of Completion for
Certified Renewable Energy Generating Facility**

INTERCONNECTION CUSTOMER

Check if Owner-Installed

Interconnecting Customer: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone (Day): _____ (Evening): _____

Fax: _____ E-Mail Address: _____

Location of System

Address: _____

City: _____ State: _____ Zip: _____

ELECTRICIAN

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone (Day): _____ (Evening): _____

Fax: _____ E-Mail Address: _____

License Number: _____

Date Approval to Install System granted by Energy Resources: _____

Application ID Number: _____

INSPECTION

The system has been installed and inspected in compliance with the local Building/ Electrical Code of: _____

(City or County Inspection)

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection):

Signature: _____

Name (Printed): _____

Date: _____

AS A CONDITION OF INTERCONNECTION YOU ARE REQUIRED TO SEND/FAX A COPY OF THIS FORM ALONG WITH A COPY OF THE SIGNED ELECTRICAL PERMIT TO:

Kim Weaver
Energy Services Manager
Energy Resources
City of Rocky Mount
Post Office Box 1180
Rocky Mount, North Carolina 27802
Fax (252) 972-1173
Phone (252) 972-1274

Approval to Energize Facility (For Energy Resources use only)

Connection of the System to the Energy Resources electric grid is approved contingent upon the terms and conditions of this Agreement:

Energy Resources Signature: _____

Name (Printed): _____

Title: _____ Date: _____

9/10/14